

Foster Family Home - Corrective Action Report

Provider ID: 1-510273

Home Name: Edwin Koh, RN

Review ID: 1-510273-5

94-229 Moena Place

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 2/22/2021

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Recertification inspection for a 3 person CCFFH completed.

Corrective Action Report issued during CCFFH inspection with a written plan of correction due to CTA on 3/22/2021.

PCG is requesting to increase to a 3 client CCFFH.

Foster Family Home Information Confidentiality [11-800-16]

16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

16.(b)(5)- No confidentiality policies and procedures and client privacy rights training present for CG#3 and HHM#2.

Foster Family Home Personnel and Staffing [11-800-41]

41.(g) The primary and substitute caregivers shall be assessed by the department for competency in basic caregiver skills and specific skill areas needed to perform tasks necessary to carrying out each client's service plan. The documentation of training and skill competency of all caregivers shall be kept in the client's, case manager's, and caregiver's current records with the current service plan.

Comment:

41.(g)- No Basic Skills Checklist present for CG#3 and CG#4 in Client #1's chart.

Foster Family Home Client Care and Services [11-800-43]

43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100.

Comment:

43.(c)(3)- No RN delegation present in Client #1 on [REDACTED] for CG#3 and CG#4. For Client #2, there were no RN delegations present for CG#3 on [REDACTED].

Foster Family Home Fire Safety [11-800-46]

46.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

46.(b)(2)- CG#3 without evidence of having conducted a monthly fire drill since CG#1 added as a substitute caregiver.

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Medication and Nutrition

[11-800-47]

47.(c) Medication errors and drug side effects shall be reported immediately to the client's physician, and the case management agency shall be notified within twenty-four hours of such occurrences, as required under section 11-800-50(b). The caregivers shall document these events and the action taken in the client's progress notes.

Comment:

47.(c)- No list of medications side effects present in Client #1's chart.

Foster Family Home

Quality Assurance

[11-800-50]

50.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

Comment:

50.(a)- No training present on Emergency Preparedness Plan for CG#3 in the CCFFH binder.

Foster Family Home

Records

[11-800-54]

54.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;

Comment:

54.(c)(6)- ADL/Daily Care Flowsheet for Client #1 was last signed on 2/19/2021.

Marilyn Nakamine 2/22/2021
Compliance Manager Date
Teresa Kontor Edwinton 2/22/2021
Primary Care Giver Date

CTA RN Compliance Manager: Maribel Nakamine, RN

**Community Care Foster Family Home (CCFFH)
Written Corrective Action Plan
Chapter 11-800**

PCG's Name on CCFFH Certificate: Edwin Koh
CCFFH Address: 94-229 Moena Place, Waipahu, HI 96797

Rule Number:	Corrective Action Takes – How was each Issue fixed for each violation?	Date each violation was fixed:	Prevention Strategy – How will you prevent each violation from happening again in the future?
16.(b)(5)	CG#3 and HHM#2 confidentiality, procedure, and client privacy rights training have been completed and signed. As well as filed and placed in the home binder.	02/23/2021	CG#1 will make sure to have all the caregivers and HHMs sign the confidentiality as well as the procedure and client privacy rights training once the client is admitted to the home. We will set a reminder by informing the SCG and HHM via group text messaging.
41.(g)	CG#3 and CG#4 were delegated by CMA RN on basic skills for client #1. Signed delegation forms were filed on the client's chart on the service plan section	02/26/2021	CG#1 will coordinate time with CMA RN to timely perform the necessary skill/ delegations.
43. (c)(3)	CG#3 and CG#4 were delegated by CMA RN for client #1. The [REDACTED] are completed and signed. [REDACTED] Delegations were performed by CMA RN for CG#3 on client #2. Signed delegation forms were filed in each clients charts.	02/26/2021	CG#1 will coordinate time with CMA RN to timely perform the necessary skills/ dele

☒ All items that were fixed are attached to this CAP

PCG Signature: _____

Date: 03/14/2021

☒ CTA has reviewed all corrected items

**Community Care Foster Family Home (CCFFH)
Written Corrective Action Plan
Chapter 11-800**

PCG's Name on CCFFH Certificate: Teresita Koh
CCFFH Address: 94-295 Kahuahele St. Waipahu, HI 96797

Rule Number:	Corrective Action Takes – How was each Issue fixed for each violation?	Date each violation was fixed:	Prevention Strategy – How will you prevent each violation from happening again in the future?
46. (b)(2)	CG#3 conducted fire drill on March 1, 2021 and filed in the home binder.	03/01/2021	CG#1 will set a reminder to schedule when the fire drill will occur, as well as reminding all CGs two weeks prior to the date of the conducted fire drill assignment.
47. (c)	For client #1 all client medication and side effects were filed on the client's chart under "Medication Administration."	03/01/2021	CG#1 will make sure all medication and side effects will be in the client charts under "Medication Administration" to use as reference for all CGs.
50. (a)	CG#3 will provide the training on Emergency Preparedness Plan. And has been signed and filed on the CCFFH binder.	03/01/2021	CG#1 will provide to each added caregiver training regarding the Emergency Preparedness Plan. Then updated in the CCFFH binder in a timely manner.
54. (c)(6)	PCG and SCG signed the ADL/ Daily Care Flowsheet for client #1.	2/22/2021	PCG and SCG will make sure to check and sign the ADL/ Daily Care Flowsheet for client on a daily basis.

☒ All items that were fixed are attached to this CAP

PCG Signature: _____

Date: 03/14/2021

☒ CTA has reviewed all corrected items